

# ATTACHMENT 2

## Sample Nursing Home Eligibility Authorization Report

HMKR449Q

WISCONSIN - TITLE XIX - ELIGIBILITY

DATE - MMDDYY

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### ELIGIBILITY AUTHORIZATIONS

PROV NUM	RECIP NAME	RECIP NUMBER	ELIGFM	ELIGTO	AUTHRZED	AUTHFM	AUTHTO	<del>LIAB AMT</del>	<del>LIABFM</del>	<del>LIABTO</del>
12345678	RECIPIENT IMA	3800000030	050199	123101	20	071599	999999	<del>\$628.00</del>	<del>010101</del>	<del>123101</del>
	RECIPIENT IM G	3800000070	080100	083101	20	070195	999999	<del>\$1577.83</del>	<del>010101</del>	<del>083101</del>
	RECIPIENT IMA A	3900000050	010100	053101	20	070198	999999	<del>\$1336.26</del>	<del>010101</del>	<del>053101</del>
	RECIPIENT IMA B	0900000030	050199	043001	20	050199	999999	<del>\$1138.25</del>	<del>010101</del>	<del>043001</del>
	RECIPIENT IMA C	3900000020	030199	013101	20	031199	999999	<del>\$449.00</del>	<del>010101</del>	<del>013101</del>
	RECIPIENT IMA D	3900000040	110199	123101	20	110199	999999	<del>\$479.00</del>	<del>010101</del>	<del>123101</del>



Do **not** use the liability amount or dates listed from this report.